

# SHIINE

## Volunteer Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_(day) \_\_\_\_\_(eve)

### Office Use

\_\_\_\_\_ Refs Called

\_\_\_\_\_ Attended Training

\_\_\_\_\_ Contact Later

- What interests you about being a volunteer in a medical bill and health insurance education project?
- Have you had any live experiences which relate to being a Medical Bill and Health Insurance Volunteer?  
(Example: helping spouse or parent to handle his/her medical bill and Medicare.)

- Volunteer / Employment Experience:

Please list organizations with which you have been active as volunteer or employee. You may attach extra sheets or a resume if you wish.

Organization

Dates

Position

Volunteer / Employee

- Current Employment Status

- ☐ Full Time
- ☐ Part Time
- ☐ Retired
- ☐ Homemaker
- ☐ Not Working

- Education

- ☐ Grade School
- ☐ High School
- ☐ Some College or Technical Training
- ☐ College Degree
- ☐ Advanced degree

- Please indicate any education or course work specifically related to these volunteer jobs:

- Listed below are two persons from whom you may obtain comments regarding my ability to be a Medical Bills and Health Insurance Volunteer:

Name

Relationship

Phone

1. ....

2. ....

- Do you have any physical or medical limitations that may affect your volunteer work?

- ☐ None
- ☐ Yes, which will not affect most volunteer activity
- ☐ Yes, which will affect volunteer activity

If yes, please specify \_\_\_\_\_

- If you take and complete the training and the volunteer position met your expectations, will you be willing to commit to twenty-four months?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you cannot commit for a year because you take long vacations, will you commit to doing volunteer work regularly when you are in the area?

- ☐ Yes
- ☐ No

- For transportation, do you:

- ☐ Have a valid driver's license
- ☐ Rely on others
- ☐ Have the use of a car
- ☐ Rely on mass transit

- Any other information you want to include with this application:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature